

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45920

**Entity Name:** AMIKIDS FOUNDATION, INC.

**Current Principal Place of Business:**

5915 BENJAMIN CENTER DRIVE  
TAMPA, FL 33634

**FILED**  
**Apr 06, 2021**  
**Secretary of State**  
**3019024534CC**

**Current Mailing Address:**

5915 BENJAMIN CENTER DRIVE  
AMIKIDS, INC.  
TAMPA, FL 33634 US

**FEI Number: 59-3095734**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HULL, DAVID J  
ONE INDEPENDENT DRIVE  
SUITE 3300  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name THOMPSON, DANIEL J  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

Title D  
Name THOMAS, NEWTON  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

Title D  
Name STANDER, O.B.  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

Title D  
Name THORNTON, MICHAEL A.  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

Title C  
Name CRISER, MARK  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

Title D  
Name METHENY, MARK  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

Title D  
Name PETREY, ROD  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

Title D  
Name PREJEAN, JERRY  
Address 5915 BENJAMIN CENTER DRIVE  
City-State-Zip: TAMPA FL 33634

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL A. THORNTON**

**DIRECTOR**

**04/06/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date